I hereby certify that this correspondence is being facsimile transmitted to the United States Patent

and Trademark Office on the date shown belows

2001

James S. Parker, Patent Attorney

PETITION AND FEE FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

EXAMINING GROUP 2839

Patent Application

Docket No. CTI-101C1C3

Serial No. 09/330,381

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JAN 2 2 20C

Examiner

K. Nguyen

Art Unit

2839

Applicant(s)

Dale C. McCarthy

Serial No.

09/330,381

RECEIVED

Filed

June 11, 1999

JAN 2 42003

For

Battery Terminal

OFFICE OF PETITIONS

Assistant Commissioner for Patents Washington, D.C. 20231

PETITION AND FEE FOR EXTENSION OF TIME

UNDER 37 CFR 1.136(a)

Sir:

Applicants request that the period for response be extended three months through and including January 29, 2001. A Response Under 37 CFR 1.111 accompanies this petition. Please charge the fee of \$445.00 to Deposit Account 19-0065.

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 or 1.17 as required by this paper to Deposit Account No. 19-0065.

Respectfully submitted,

James S. Parker Patent Attorney

Registration No. 40,119

Phone No.:

352-375-8100

Fax No.:

352-372-5800

Address :

2421 N.W. 41st Street

Suite A-1

JSP/mw

Gainesville, FL 32606

Attachment: Response Under 37 CFR 1.111; Amendment Transmittal Letter,

Terminal Disclaimer

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 2 10 03 2 Serial/Patent # 09 330,381					
3 Please refund the following fee(s):		4 PAI NUN	PER IBER	5 DATE FILEI	6 AMOUNT
	Filing				\$
	Amendment				\$
	Extension of Time		-		\$
	Notice of Appeal/Appeal				\$
	Petition				\$ 650.
	Issue				\$
	Cert of Correction/Terminal Disc.		-		\$
	Maintenance				\$
	Assignment				\$
	Other				\$
		7 TOTAL AMOUNT OF REFUND \$ 65.			\$ (50).
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
\geq	Overpayment		С	redit De	posit A/C #:
`	Duplicate Payment		9 [8	2284
No Fee Due (Explanation):					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: TITLE:					
SIGNATURE: TOURS PHONE: 506-6911					
OFFICE: Kellen					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED: Cluster Mate: 1/1/0					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B